



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

040326

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946159

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
h. Owner's Phone No.: 242 295

i. BFI WASTE CODE

LA 620 970 4293 22 9 5j. Description of Waste: Spent Catalyst/Absorbents

k. Quantity

4000

Units

No.

TYPE

PQT

Containers
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen Env. Spec.
Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

(Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Luke Rob. Jr
d. Phone No.: 675 9021
e. Truck No.: 125
f. Vehicle License No./State: R324962
g. Acknowledgement of Receipt of Materials.
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials.
o. Driver Signature: _____
p. Shipment Date: 060596

Section III

DESTINATION

(Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Hiway 70 Sorrento LA 70778
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Ronald Knox
Name of Authorized Agent

Signature

Ronald Knox060596

Receipt Date

Section IV

ASBESTOS

(Generator complete a-d, f, g. Operator* completes e.)

a. Operator's* Name: _____
b. Operator's* Phone No.: 51220
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: 40600
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

ORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/83

TICKET NO. 05963



DATE 5-29-96

MATERIAL Spent Catalyst Absorbent
CARRIER BFI
TRUCK AND TRAILER NO. 132-CISS
DELIVER TO: BFI Sorrento LA

MANIFEST NO. 946158
BILL OF LADING _____
DRIVER: ON ☐ OFF ☒

lb. GROSS 65220
lb. TARE 42420
lb. NET 22800

DATE _____ TIME _____
SHIPPER TransAmerican
DRIVER Jon Mosby

WEIGHER _____
RECEIVED BY _____

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

05963

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946158

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
P O Box 605
c. Address: Sorrento, LA 70778
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE LA 620 970429 213295 Containers

j. Description of Waste: Spent Catalyst Absorbents k. Quantity 21300 Units P No. 01 TYPE T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env. Spec.
Generator Authorized Agent Name

[Signature]
Signature

052996
Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Jon Mosby Sr
d. Phone No.: 675-8021 PRINT/TYPE e. Truck No.: 132
f. Vehicle License No./State: B309107
g. [Signature] Shipment Date 052996

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ I. Truck No.: _____
m. Vehicle License No./State: _____
n. [Signature] Shipment Date _____

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Hiway 70 Sorrento 70778
La.
c. Phone No.: _____
d. Mailing Address: _____

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Paul M. Denis [Signature] 052996
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, as applicable.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946157

Section I

GENERATOR

(Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 637
Norco, LA 70078
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970 429
j. Description of Waste: Spent Catalyst/ Absorbents
k. Quantity: 22 Units: 01 No. 1 TYPE T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Signature: Scott Allen, Env. Spec.
Generator Authorized Agent Name

Signature: [Signature]

Shipment Date: 053096

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER

(Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: ERNEST GAINES
d. Phone No.: 675-8021
e. Truck No.: 131
f. Vehicle License No./State: 6325728
g. Acknowledgement of Receipt of Materials: _____
h. Name: G. 68000
i. Address: 45800
22200
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: _____
o. Driver Signature: _____
p. Shipment Date: 053096

Section III

DESTINATION

(Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Hiway 70 Sorrento, LA 70778
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____
f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
g. Signature: Ronald Knox
h. Receipt Date: 053096

Section IV

ASBESTOS

(Generator complete a-d, f, g, Operator* completes e.)

a. Operator's Name: _____
b. Operator's Phone No.: _____
c. Operator's Address: _____
d. Special Handling Instructions and additional information: _____
e. Operator's Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARGO CONTRACT

RETURN TO OPERATOR

7208 5/93

TICKET NO. 05964



DATE 5-31-96

MATERIAL

Catalyst

CARRIER

BFI

TRUCK AND TRAILER NO.

131/C185

DELIVER TO:

Colonial Landfill

MANIFEST NO.

946156

BILL OF LADING

41154

DRIVER: ON ☐ OFF ☒

lb. GROSS 77260

lb. TARE 45800

lb. NET 31460

DATE

TIME

SHIPPER

WEIGHER

DRIVER

RECEIVED BY

Tony Goin

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946156

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 60537 d. Address: _____
Morco, LA 70079
e. Phone No.: 504 746 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE LA 620 970429 Containers 2 13295
j. Description of Waste: Spent Catalyst, Absorbents k. Quantity 31460 Units P No. 01 TYPE T
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V Scott Allen, Env. Spec [Signature] 053196
Generator Authorized Agent Name Signature Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>BFI</u>	b. Address: <u>P O Box 605</u>	h. Name: _____	i. Address: _____
c. Driver Name/Title: <u>ERNEST GAINES</u>	d. Phone No.: <u>675-8021</u>	j. Driver Name/Title: _____	k. Phone No.: _____
e. Vehicle License No./State: <u>B325728</u>	f. Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: _____	n. Acknowledgement of Receipt of Materials.
g. <u>[Signature]</u>	<u>053196</u>	o. <u>[Signature]</u>	<u>[Signature]</u>
Driver Signature	Shipment Date	Driver Signature	Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: Hiway 70 d. Mailing Address: _____
Sorrento, LA 70778
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. [Signature] 053196
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TICKET NO. 05965

TRANSAMERICAN
Refining Corporation

DATE 5-31-76

MATERIAL CATALYST Spent Catalyst
CARRIER B.F.I.
TRUCK AND TRAILER NO. C131-C188
DELIVER TO: Colonial LandfillMANIFEST NO. 946155
BILL OF LADING 41144
DRIVER: ON ☐ OFF ☒lb. GROSS 74700
lb. TARE 45800
lb. NET 28900

DATE TIME

SHIPPER

DRIVER

WEIGHER

RECEIVED BY

Smyth

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

000072

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946155

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: P O Box 537
c. Address: Norco, LA 70079
d. Address:e. Phone No.: 504 764 8611
f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: h. Owner's Phone No.:

i. BFI WASTE CODE: LA 620 970429 24 295 Containersj. Description of Waste: Spent Catalyst, Absorbents k. Quantity 28900 Units P No. 01 TYPE T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen Env. Spec.
Generator Authorized Agent Name

Signature

053196
Shipment DateTYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHERUNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I TRANSPORTER II

a. Name: B F I h. Name:b. Address: P O Box 605 i. Address:c. Driver Name/Title: ERNEST GAINES j. Driver Name/Title:d. Phone No.: 675-8021 a. Truck No.: 131 k. Phone No.: l. Truck No.:f. Vehicle License No./State: B325728 m. Vehicle License No./State:

Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.

g. Ernest Gaines 053196 n. 053196

Driver Signature Shipment Date Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.:b. Physical Address: Hiway 70 d. Mailing Address:

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Ernest Gaines 053196 g. 053196

Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: b. Operator's* Phone No.:

c. Operator's* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: f. Name and Address of Responsible Agency:

g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TICKET NO. 05966

TRANSAMERICAN
Refining Corporation

DATE 5-31-96

MATERIAL Spent Catalyst Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 137 C-143
DELIVER TO: LAND FILL, SORRENTOMANIFEST NO. 946154
BILL OF LADING
DRIVER: ON ☐ OFF ☒DATE
TIME
SHIPPER
DRIVER Royal Garrison56.600
45.400
11.200lb. GROSS
lb. TARE
lb. NETWEIGHER To Joseph J. J.
RECEIVED BY UCC

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946154

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location:
c. Address: P O Box 537
Norco, LA 70079
d. Address:
e. Phone No.: 504 764 8611
f. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name:
h. Owner's Phone No.:
i. BFI WASTE CODE: LA 620 97042 29 295
j. Description of Waste: Spent Catalyst, Absorbents
k. Quantity: 1170 Units No. P 01 T TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env. Spec

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

(Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: Hiway Box 605
Sorrento, LA 70778
c. Driver Name/Title: Royal Garrison
PRINT/TYPE
d. Phone No.: 504-675-8094 e. Truck No.: 137
f. Vehicle License No./State: B324804
Acknowledgement of Receipt of Materials.
g. Royal Garrison 053196
Driver Signature Shipment Date

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: SAME
PRINT/TYPE
k. Phone No.: l. Truck No.:
m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.
n. 053196
Driver Signature Shipment Date

Section III

DESTINATION

(Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Hiway 70 Sorrento, LA 70778
c. Phone No.:
d. Mailing Address:
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. To Wright McChug 053196
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS

(Generator complete a-d, f, g. Operator* completes e.)

a. Operator's* Name:
b. Operator's* Phone No.:
c. Operator's* Address:
d. Special Handling Instructions and additional information:
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: Print/Type Operator's Signature Date
f. Name and Address of Responsible Agency:
g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI/UNARCO CONTRACT

TICKET NO. 05968



DATE 5-31-96

MATERIAL Spent Catalyst Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 131 - C186
DELIVER TO: Colonial Landfill

MANIFEST NO. 946153
BILL OF LADING 47674
DRIVER: ON ☐ OFF ☒

lb. GROSS 61400lb. TARE 45800lb. NET 15600

DATE _____ TIME _____

SHIPPER _____

DRIVER _____

WEIGHER _____

RECEIVED BY Tom

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

040055

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946153

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
P O Box 537
c. Address: Norco, LA 70079 d. Address: _____
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE LA 620 970429 Containers 24 75
j. Description of Waste: Spent Catalyst/absorbents k. Quantity 15600 Units P No. 01 TYPE T
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen Env. Spec.

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

a. Name: BFI b. Address: P O Box 605 Sorrento, LA 70078
c. Driver Name/Title: ERNEST GARCIA PRINT/TYPE
d. Phone No.: 675-8921 e. Truck No.: 131
f. Vehicle License No./State: B325728
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] Shipment Date 053196
h. Name: _____ i. Address: _____
j. Driver Name/Title: _____ PRINT/TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: Hiway 70 Sorrento, LA 70778 d. Mailing Address _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. STEPHANIE SANCHEZ Stephanie Sanchez 053196
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ Print/Type Operator's Signature _____ Date _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

0-500

If waste is ~~asbestos~~ waste, complete Sections I, II, III and IV.
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 946144

Section I

GENERATOR

(Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp.
b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

LA	6	2	0	9	7	0	4	2	9	4	3	2	9	5
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---

j. Description of Waste: Spent Catalyst Absorbents.
k. Quantity: 17540 Units No. 01 TYPE P
CONTAINERS:

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
Y Scott Allen, Env. Specl. [Signature]
Generator Authorized Agent Name _____ Signature _____
Shipment Date: 092396

Section II

TRANSPORTER

(Generator complete a-d. Transporter I complete e-g. Transporter II complete h-n.)

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Luke Robert
d. Phone No.: (504) 675-5021 e. Truck No.: 127
f. Vehicle License No./State: B224504
g. Luke Robert 092396
Driver Signature Shipment Date
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. _____
Driver Signature Shipment Date

Section III

DESTINATION

(Generator completes a-d. destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Hiway 70 Sorrento, LA 70778
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. [Signature] 092396
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS

(Generator complete a-d, f, g. Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 457000
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

RETURN TO OPERATOR



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

039886

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946143

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: Same
c. Address: P O Box 537
Norco, LA 70079 d. Address: _____
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

L	A	6	2	0	9	7	0	4	2	9	2	4	3	2	9	5
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: _____
j. Description of Waste: Spent Catalyst Absorbents k. Quantity:

0	1	4	0
---	---	---	---

 Units:

P	0	1
---	---	---

 No.:

0	5	2	3	9	6
---	---	---	---	---	---

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env. Spec.
Generator Authorized Agent Name

Signature

Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>BFI</u>	h. Name: _____		
b. Address: <u>P O Box 605</u>	i. Address: _____		
c. Driver Name/Title: <u>Luke Robert</u>	j. Driver Name/Title: _____		
d. Phone No.: <u>(504) 675-8021</u>	k. Phone No.: _____		
e. Truck No.: <u>127</u>	l. Truck No.: _____		
f. Vehicle License No./State: <u>B324504</u>	m. Vehicle License No./State: _____		
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. <u>Luke Robert</u>	n. _____		
Driver Signature	Shipment Date	Driver Signature	Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: Hiway 70 Sorrento, LA 70778 d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Ronald Knox Ronald Knox

0	5	2	3	9	6
---	---	---	---	---	---

Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 75060
415600
046
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

ORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946142

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079 d. Address: _____
504 764 8611 e. Phone No.: _____ f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

L	A	6	2	0	9	7	0	4	2	9
---	---	---	---	---	---	---	---	---	---	---

 k. Quantity: 31,280 check

2	4	2	9	5
---	---	---	---	---

 Containers
j. Description of Waste: Spent Catalyst Absorbents No.

3	1	2	8	0
---	---	---	---	---

 TYPE

P	0	1	T
---	---	---	---

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Y. Scott Allen
Generator Authorized Agent Name

[Signature]
Signature

53496
Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>BFI</u>	b. Address: <u>P O Box 605</u> <u>Sorrento, LA 70778</u>	h. Name: _____	i. Address: _____
c. Driver Name/Title: <u>Luke Robert</u> PRINT/TYPE	d. Phone No.: <u>1-75-8021</u> e. Truck No.: <u>130</u>	j. Driver Name/Title: _____ PRINT/TYPE	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>1234507</u>	g. <u>[Signature]</u> Driver Signature	m. Vehicle License No./State: _____	n. _____ Driver Signature
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
Shipment Date: <u>052496</u>		Shipment Date: _____	

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Colonial Landfill
Hiway 70 Sorrento, LA 70778 c. Phone No.: _____
b. Physical Address: _____ d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. [Signature] 12/24/96
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 75,880
44,600
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: 31,280
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946141

Section I GENERATOR (Generator completes all of Section I)																		
a. Generator Name: <u>TransAmerican Refining Corp</u>	b. Generating Location: _____																	
c. Address: <u>P O Box 537</u> <u>Norco, LA 70079</u>	d. Address: _____																	
e. Phone No.: <u>504 764 8611</u>	f. Phone No.: _____																	
If owner of the generating facility differs from the generator, provide:																		
g. Owner's Name: _____	h. Owner's Phone No.: _____																	
i. BFI WASTE CODE: <table border="1"><tr><td>L</td><td>A</td><td>G</td><td>2</td><td>0</td><td>9</td><td>7</td><td>0</td><td>4</td><td>2</td><td>9</td></tr></table>	L	A	G	2	0	9	7	0	4	2	9	k. Quantity: <table border="1"><tr><td>2</td><td>4</td><td>3</td><td>2</td><td>9</td><td>5</td></tr></table>	2	4	3	2	9	5
L	A	G	2	0	9	7	0	4	2	9								
2	4	3	2	9	5													
j. Description of Waste: <u>Spent Catalyst Absorbents</u>	Units: <table border="1"><tr><td>3</td><td>0</td><td>1</td><td>6</td><td>0</td></tr></table>	3	0	1	6	0												
3	0	1	6	0														
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																		
V. Scott Allen Environment, Spec Generator Authorized Agent Name																		
Signature: <u>[Signature]</u>																		
Shipment Date: <table border="1"><tr><td>5</td><td>2</td><td>4</td><td>9</td><td>6</td></tr></table>		5	2	4	9	6												
5	2	4	9	6														

TYPE	
DM - METAL DRUM	
DP - PLASTIC DRUM	
B - BAG	
BA - 6 MIL. PLASTIC BAG or WRAP	
T - TRUCK	
O - OTHER	

UNITS	
P - POUNDS	
Y - YARDS	
M ³ - CUBIC METERS	
Y ³ - CUBIC YARDS	
O - OTHER	

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)											
TRANSPORTER I											
a. Name: <u>BFI</u>	h. Name: _____										
b. Address: <u>P O Box 605</u> <u>Sorrento, LA 70778</u>	i. Address: _____										
c. Driver Name/Title: <u>G. Johnson</u>	j. Driver Name/Title: _____										
d. Phone No.: <u>800-745-8021</u>	k. Phone No.: _____										
e. Truck No.: <u>125</u>	l. Truck No.: _____										
f. Vehicle License No./State: <u>B 324802</u>	m. Vehicle License No./State: _____										
Acknowledgement of Receipt of Materials.											
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____										
Shipment Date: <table border="1"><tr><td>5</td><td>2</td><td>4</td><td>9</td><td>6</td></tr></table>	5	2	4	9	6	Shipment Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
5	2	4	9	6							

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)						
a. Site Name: <u>Colonial Landfill</u>	c. Phone No.: _____					
b. Physical Address: <u>Highway 70 Sorrento, LA 70778</u>	d. Mailing Address: _____					
e. Discrepancy Indication Space: _____						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.						
f. Name of Authorized Agent: <u>Royal Garrison</u>	Receipt Date: <table border="1"><tr><td>5</td><td>2</td><td>4</td><td>9</td><td>6</td></tr></table>	5	2	4	9	6
5	2	4	9	6		
Signature: <u>[Signature]</u>						

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)						
a. Operator's* Name: _____	b. Operator's* Phone No.: _____					
c. Operator's* Address: _____						
d. Special Handling Instructions and additional information: _____						
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.						
e. Operator's* Name & Title: _____	Operator's Signature: _____					
f. Name and Address of Responsible Agency: _____	Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
g. <input type="checkbox"/> Friable; <input type="checkbox"/> Non-friable; <input type="checkbox"/> Both _____ % friable _____ % nonfriable						

TICKET NO. 06690



DATE 5/21/96

MATERIAL Spent Catalyst Abr
CARRIER BFI
TRUCK AND TRAILER NO. 132-C119
DELIVER TO: BFI Sorrento

MANIFEST NO. 946140
BILL OF LADING _____
DRIVER: ON ☐ OFF ☒

lb. GROSS 71640
lb. TARE 45260
lb. NET 26380

DATE _____ TIME _____
SHIPPER TransAmerican
DRIVER J. May Jr

WEIGHER _____
RECEIVED BY _____

White/SECURITY Yellow/ACCOUNTING Green/TRUCK-SUPPLIER Pink/SECURITY

DRIVER SIGNATURE _____



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

000564

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946140

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: Same
c. Address: P O Box 537
Norco, LA 70079 d. Address: _____
504 764 8611 e. Phone No.: _____ f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE L A 6 2 0 9 7 0 4 2 9 Containers 2 4 3 2 9 5

j. Description of Waste: Spent Catalyst Absorbent k. Quantity 26380 Units P No. 01 TYPE T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen
Environ. Specialist
Generator Authorized Agent Name

[Signature]
Signature

052196
Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-h)

a. Name: BFI b. Name: _____
c. Address: P O Box 605 d. Address: _____
Sorrento, LA 70778 e. Address: _____
f. Driver Name/Title: Jon May Jr g. Driver Name/Title: _____
h. Phone No.: 605-8021 i. Phone No.: _____
j. Truck No.: 132 k. Truck No.: _____
l. Vehicle License No./State: 3309007 m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials. o. Acknowledgement of Receipt of Materials.

Section III

DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
Hiway 70 d. Mailing Address _____
b. Physical Address: Sorrento, LA 70778

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

i. Ronald Knox j. Ronald Knox k. 052196
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ f. Operator's Signature _____ Date _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TICKET NO. 86688DATE 5-20-96MATERIAL Spent Catalyst Absorbent
CARRIER BFI
TRUCK AND TRAILER NO. 132-C148
DELIVER TO: BFI SorrentoMANIFEST NO. 946134
BILL OF LADING
DRIVER: ON ☐ OFF ☒DATE
TIME
SHIPPER TransAmerican
DRIVER John May Srlb. GROSS 76940
lb. TARE 44680
lb. NET 32260WEIGHER John May Sr
RECEIVED BY

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.No. 946134

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining b. Generating Location: _____
c. Address P O Box 537 d. Address: _____
Norco, LA 70079
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE LA 620 970421 Containers 24 3 2 9 5
j. Description of Waste: Spent Catalyst Absorbents k. Quantity 22060 Units P No. 01 TYPE T

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHERUNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env. Spec.

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI h. Name: _____
b. Address: P O Box 605 i. Address: _____
Sorrento, LA 70778
c. Driver Name/Title: John May Sr j. Driver Name/Title: _____
PRINT/TYPE
d. Phone No.: 625-8021 e. Truck No.: 132 k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: B309U07 m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.
g. John May Sr n. _____
Driver Signature Shipment Date Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
HWY 70
b. Physical Address: Sorrento, LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Ronald Knox Signature Ronald Knox Receipt Date 052096

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ Operator's Signature _____ Date _____
f. Name and Address of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TICKET NO. 0. 289



DATE 5/21/96

MATERIAL Spent Catalyst Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 132-C138
DELIVER TO: BFI Sorrento

MANIFEST NO. 946135
BILL OF LADING
DRIVER: ON ☐ OFF ☒

lb. GROSS 72000
lb. TARE 45000
lb. NET 27000

DATE
SHIPPER TransAmerican
DRIVER Jim Mosby

WEIGHER
RECEIVED BY

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946135

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining
P O Box 537
c. Address: Sorco, LA 70079
504 764 8611
e. Phone No.:
f. Phone No.: 655-7
If owner of the generating facility differs from the generator, provide:
g. Owner's Name:
h. Owner's Phone No.:
i. BFI WASTE CODE LA 620970427
j. Description of Waste: Spent Catalyst/Absorbents
k. Quantity 27000 Units P No. 01 TYPE T

Containers
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allent
Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI
P O Box 605
b. Address: Sorrento, LA 70778
c. Driver Name/Title: Jim Mosby Sr
d. Phone No.: 675-8021
e. Truck No.: 132
f. Vehicle License No./State: 1309007
g. Acknowledgement of Receipt of Materials.
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Acknowledgement of Receipt of Materials.

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill
Hiway 70 Sorrento, 70778
b. Physical Address:
c. Phone No.:
d. Mailing Address:
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent Jim Mosby Sr Signature Jim Mosby Sr Receipt Date 052196

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name:
b. Operator's* Phone No.:
c. Operator's* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title:
f. Name and Address of Responsible Agency:
g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % nonfriable

TICKET NO. 05967



DATE 5-31-96

MATERIAL Spent Catalyst/Absorbents
CARRIER BFI
TRUCK AND TRAILER NO. 137 C-185
DELIVER TO: Sorrento

MANIFEST NO. 946139
BILL OF LADING _____
DRIVER: ON ☐ OFF ☐

757.80
45.400
80.380

lb. GROSS
lb. TARE
lb. NET

DATE _____ TIME _____
SHIPPER TransAmerican
DRIVER Royal Danvers

WEIGHER _____
RECEIVED BY Robert Jumper

White/SECURITY Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER Pink/SECURITY

BFI-6 TP

SVC. MIN.

HAUL EQUIP.

DRIVER SIGNATURE _____



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

050093

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946139

Section I

GENERATOR

(Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: Same
c. Address: P O Box 537
Norco, La 70079 d. Address: _____
e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: KA 6 2 0 9 7 0 4 2 9 Containers: 2 4 3 2 9 5 j. Description of Waste: Spent Cat. Absorbents. k. Quantity: 3 0 0 0 0 Units: 0 1 No.: 0 1 TYPE: T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Environ. Spec.

Generator Authorized Agent Name

Signature

Shipment Date

5 3 1 9 6

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER

(Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Royal Danvers PRINT/TITLE
d. Phone No.: 504 625 8021 e. Truck No.: 137
f. Vehicle License No./State: B32800

Acknowledgement of Receipt of Materials.

g. Driver Signature: Royal Danvers Shipment Date: 0 5 3 1 9 6

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____ PRINT/TITLE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.

n. Driver Signature: _____ Shipment Date: _____

Section III

DESTINATION

(Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: HiWay 70
Sorrento, LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Stephanie Sanchez Signature: Stephanie Sanchez Receipt Date: 0 5 3 1 9 6

Section IV

ASBESTOS

(Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both

TICKET NO. 06684

TRANSAMERICAN
Refining Corporation

DATE 5-20-86

MATERIAL Spent Catalysts + Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 132-C138
DELIVER TO: Sorrento LAMANIFEST NO. 946133
BILL OF LADING _____
DRIVER: ON ☐ OFF ☒

lb. GROSS

lb. TARE

lb. NET

74140
45240
28900DATE _____ TIME _____
SHIPPER TransAmerican
DRIVER Jon MosbyWEIGHER _____
RECEIVED BY _____

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946133

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079
d. Address: 038
e. Phone No.: 594 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
h. Owner's Phone No.: _____i. BFI WASTE CODE LA 620 94 0429
j. Description of Waste: Spent Catalyst Absorbents
k. Quantity 28900 Units P No. 01 TYPE T
Containers _____
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen
Environmental Spec.
Generator Authorized Agent Name

Signature

052096
Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Jon Mosby Sr
d. Phone No.: 675-8921
e. Truck No.: 132
f. Vehicle License No./State: B309064
g. Driver Signature Jon Mosby Sr Shipment Date 052096
TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature _____ Shipment Date _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Hiway 70
Sorrento, LA 70778
c. Phone No.: _____
d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent Colonial Landfill Signature Jon Mosby Sr Receipt Date 052096

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____
b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

TICKET NO. 06681



DATE 5-26-96

MATERIAL Spent Catalyst Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 132-C119
DELIVER TO: Sorrento LA

MANIFEST NO. 946132

BILL OF LADING

DRIVER: ON ☐ OFF ☐

lb. GROSS

lb. TARE

lb. NET

DATE

TIME

SHIPPER

DRIVER

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY

WEIGHER

RECEIVED BY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946132

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining b. Generating Location: 000
c. Address: P O Box 537 d. Address: _____
Norco, LA 70778
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE

LA 620 970 402

24 95

Containers

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Spent Catalyst Absorbents

k. Quantity

Units

No.

TYPE

24520 P 0 1

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env. Spec.
Generator Authorized Agent Name

Signature

052096
Shipment Date

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

BFI TRANSPORTER I
a. Name: _____
b. Address: P O Box 537 605
Norco, LA 70778
c. Driver Name/Title: Jim Mosby
d. Phone No.: 675-8081 e. Truck No.: 132
f. Vehicle License No./State: 8309007
g. Driver Signature: Jim Mosby Shipment Date: 052096
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature: _____ Shipment Date: _____

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.: _____
Highway 70
b. Physical Address: Sorrento, LA 70778 d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent: McWizor Signature: McWizor Receipt Date: 052096

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's Name: _____ b. Operator's Phone No.: _____
c. Operator's Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

TICKET NO. 06682



DATE 5/17/96

MATERIAL Spent Cat. Absorb
CARRIER 23A
TRUCK AND TRAILER NO. _____
DELIVER TO: Sorrento

MANIFEST NO. 946131
BILL OF LADING _____
DRIVER: ON ☐ OFF ☐

lb. GROSS 85380
lb. TARE 45600
lb. NET 40720

DATE 5/17/96 TIME 1415
SHIPPER _____
DRIVER _____

WEIGHER _____
RECEIVED BY _____

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

039433

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946131

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Norco, LA 70079

e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE LA 620 970429 Containers 23 3 2 9 5

j. Description of Waste: Spent Catalyst Absorbents k. Quantity 40720 Units lb No. 01 TYPE t

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen Env. Spec. [Signature] 05/17/96

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I

a. Name: BFI h. Name: _____
b. Address: Box 605 i. Address: _____
Sorrento, LA 70778

c. Driver Name/Title: Jon Mosby Sr j. Driver Name/Title: _____
d. Phone No.: 675-8001 e. Truck No.: 130 k. Phone No.: _____
f. Vehicle License No./State: 1B30907 l. Truck No.: _____

Acknowledgement of Receipt of Materials.

g. [Signature] 05/17/96 n. _____
Driver Signature Shipment Date Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
n. _____
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
Hiway 70 Sorrento LA 70778

b. Physical Address: _____ d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Ronald Knox Ronald Knox 05/17/96
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ Operator's Signature _____ Date _____

f. Name and Address of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

039274

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946128

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____

c. Address: P O Box 537
Norco, LA 70778 d. Address: _____

e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: LA620 940429 24395 Containers: _____

j. Description of Waste: Spent Catalyst Absorbents k. Quantity: 40 Units: 30 No.: P TYPE: 1

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen
Generator Authorized Agent Name

[Signature]
Signature

51596
Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI b. Address: P O Box 605
Sorrento, LA 70778

c. Driver Name/Title: Luke Robert PRINT/TYPE

d. Phone No.: (504) 755-8021 e. Truck No.: 132

f. Vehicle License No./State: R36907

g. [Signature] 05/15/96
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____ i. Address: _____

j. Driver Name/Title: _____ PRINT/TYPE

k. Phone No.: _____ f. Truck No.: _____

m. Vehicle License No./State: _____

n. [Signature] [Signature]
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____

b. Physical Address: HWY 70
Sorrento LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Ronald Knox Ronald Knox 51596
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 844600
444600
400600

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ PRINT/TYPE

f. Name and Address of Responsible Agency: _____ Operator's Signature _____ Date _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-720B 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946127

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Harco, LA 70079
d. Address: _____
504 764 8611
e. Phone No.: _____
f. Phone No.: 009292
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620940429 24315
j. Description of Waste: Spent Cat Absorbents
k. Quantity: 32000 Units No. 01 TYPE T
Containers: _____
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V Scott Allen
Generator Authorized Agent Name Signature
Shipment Date: 11576

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Luke Robert
PRINT/TITLE
d. Phone No.: (504) 675-8021 e. Truck No.: 132
f. Vehicle License No./State: B3-7007
Acknowledgement of Receipt of Materials.
g. Luke Robert 054596
Driver Signature Shipment Date
TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
PRINT/TITLE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. _____
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
Highway 70 Sorrento, LA 70778
b. Physical Address: _____
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Loyal Garrison 051596
Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____
b. Operator's* Phone No.: 76420
c. Operator's* Address: 44.400
d. Special Handling Instructions and additional information: 31020
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____
Print/Type Operator's Signature Date
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

039580

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 946125

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079 d. Address: _____
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

L	A	6	2	0	9	7	0	4	2	9
---	---	---	---	---	---	---	---	---	---	---

 Containers:

2	2	9	5
---	---	---	---

 TYPE:

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Spent Catalyst Absorbents k. Quantity:

2	0	0
---	---	---

 Units:

P

 No.:

0	1
---	---

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V Scott Allen Env Spec [Signature]

0	5	1	6	9	6
---	---	---	---	---	---

Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II							
a. Name: <u>F-I</u>	h. Name: _____								
b. Address: <u>P O Box 605</u>	i. Address: _____								
c. Driver Name/Title: <u>Luke Robert</u>	j. Driver Name/Title: _____								
d. Phone No.: <u>(504) 675-8021</u>	k. Phone No.: _____								
e. Truck No.: <u>132</u>	l. Truck No.: _____								
f. Vehicle License No./State: <u>R309C12</u>	m. Vehicle License No./State: _____								
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.							
g. <u>[Signature]</u> <table border="1"><tr><td>0</td><td>5</td><td>1</td><td>6</td><td>9</td><td>6</td></tr></table>	0	5	1	6	9	6	n. _____		
0	5	1	6	9	6				
Driver Signature	Shipment Date	Driver Signature	Shipment Date						

Section III DESTINATION (Generator completes a-d; destination site completes e-l)

a. Site Name: Colonial Landfill c. Phone No.: _____
Highway 70 Sorrento LA 70778
b. Physical Address: _____ d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Ronald Knox Ronald Knox

0	5	1	6	9	6
---	---	---	---	---	---

Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 82,600
44,400
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR
GENERATOR RETURN

260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 946126

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: 079710
c. Address: P O Box 536 d. Address: 079710
Norco, LA 70779
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970429 Containers: 3295
j. Description of Waste: Spent Cat Absorbents k. Quantity: 4350 Units: P No.: 01 TYPE: T
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
Y Scott Allen Env. Spec. Signature: [Signature] Shipment Date: 05/16/96
Generator Authorized Agent Name

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

BFI
a. Name: P O Box 605 b. Name: _____
c. Address: Sorrento, LA 70778 d. Address: _____
e. Driver Name/Title: Luke Robert f. Driver Name/Title: _____
g. Phone No.: 504 675-8021 h. Phone No.: _____
i. Truck No.: 122 j. Truck No.: _____
k. Vehicle License No./State: B309012 l. Vehicle License No./State: _____
m. Acknowledgement of Receipt of Materials.
n. Driver Signature: [Signature] o. Shipment Date: 05/16/96

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Colonial Landfill b. Phone No.: _____
c. Physical Address: Hwy 70 Sorrento LA 70778 d. Mailing Address: _____
e. Discrepancy Indication Space: _____
f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
g. Name of Authorized Agent: [Signature] h. Signature: [Signature] i. Receipt Date: 05/16/96

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 44400
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
e. Operator's* Name & Title: _____ f. Name and Title of Responsible Person: Reas
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable
* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-720B 5/93

TICKET NO. 05971



DATE 5-31

MATERIAL spent Catalyst Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 127
DELIVER TO: _____

MANIFEST NO. _____
BILL OF LADING 946124
DRIVER: ON ☐ OFF ☐

DATE _____ TIME _____
SHIPPER _____
DRIVER Loyal D.
67360
45.200
22.160

lb. GROSS
lb. TARE
lb. NET

WEIGHER _____
RECEIVED BY Credit Carter
White/SECURITY Yellow/ACCOUNTING Green/TRUCK-SUPPLIER Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946124

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Norco, LA 70079

e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE LA 620 970429 2 43295 Containers _____

j. Description of Waste: V Scott Allen Env. Spec. k. Quantity 22 Units 60 No. 01 TYPE T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env Spec

Generator Authorized Agent Name

Signature

053196

Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI h. Name: _____
b. Address: P O Box 650 605 i. Address: _____
Sorrento, LA 70778

c. Driver Name/Title: Loyal Garrison j. Driver Name/Title: SAME
d. Phone No.: 675-8031 e. Truck No.: 127 k. Phone No.: _____ l. Truck No.: _____

f. Vehicle License No./State: B324804 m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.

g. Loyal Garrison 053196 n. _____
Driver Signature Shipment Date Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-l)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: Hwy 70 Sorrento, LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

i. STEPHANIE SANCHEZ Stephanie Sanchez 053196
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d; g. Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ f. Name and Address of Responsible Agency: _____
Print/Type Operator's Signature Date

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARGO CONTRACT

RETURN TO OPERATOR

280-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946123

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Merco, LA 70079 039392
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE

L	A	6	20	9	7	0	4	2	9
---	---	---	----	---	---	---	---	---	---

3	2	9	5
---	---	---	---

 Containers

3	2	9	5
---	---	---	---

 TYPE

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Env Spec

Generator Authorized Agent Name

Signature

Shipment Date

05/17/96

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: P O Box 685
Sorrento, LA 70778
c. Driver Name/Title: Tom Mosby Sr
d. Phone No.: 675-8021 e. Truck No.: 130
f. Vehicle License No./State: B309007
g. Driver Signature: Tom Mosby Sr Shipment Date: 05/17/96

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: 70 Colonial Landfill c. Phone No.: _____
Hiway Sorrento LA 70778 d. Mailing Address: _____
b. Physical Address: _____

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: Mr. Winger Signature: Mr. Winger Receipt Date: 05/17/96

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

REORDER ONLY THROUGH BFI / UARCO CONTRACT

GENERATOR RETAIN

260-7206 5/93

TICKET NO. 06659



DATE 5-10-96

MATERIAL SPENT CATALYST Absorb
CARRIER B. F. I.
TRUCK AND TRAILER NO. 131 C158
DELIVER TO Colonial Landfill

MANIFEST NO. 946109
BILL OF LADING 42371
DRIVER: ON ☐ OFF ☒

lb. GROSS 80240
lb. TARE 45800
lb. NET 34440

DATE _____ TIME _____

SHIPPER _____

DRIVER _____

WEIGHER _____

RECEIVED BY Jonnie

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

No. 946107

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
g. Owner's Name: _____
h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970 429
j. Description of Waste: Spent Catalyst Absorbents
k. Quantity: 34440 Units
No. 01 TYPE T

Containers
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen, Environ. Specialist
Generator Authorized Agent Name Signature

051096
Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: B F I
b. Address: P O Box 605
Sorrento, LA 70079
c. Driver Name/Title: ERNEST GAINES
PRINT/TITLE
d. Phone No.: 675 8021
e. Truck No.: 131
f. Vehicle License No./State: B335738
g. Acknowledgement of Receipt of Materials.
Signature Ernest Gaines Shipment Date 051096

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
PRINT/TITLE
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials.
Signature _____ Shipment Date _____

Section III

DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill
HWY 70 Sorrento, LA 70079
b. Physical Address: _____
c. Phone No.: _____
d. Mailing Address: _____

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Ronald Knox Ronald Knox 051096
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's Name: _____
b. Operator's Phone No.: _____
c. Operator's Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: _____
Print/Type Operator's Signature Date
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

039140

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946106

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Norco, LA 70079
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE LA 620970429 243295 Containers: _____
j. Description of Waste: Spent Catalyst Absorbents k. Quantity 30 Units P No. 01 TYPE T
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V Scott Allen Enviorn Spec1. [Signature] 51296
Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: _____

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>BFI</u>	h. Name: _____		
b. Address: <u>P O Box 605</u>	i. Address: _____		
c. Driver Name/Title: <u>Duke Robert</u>	j. Driver Name/Title: _____		
d. Phone No.: <u>675-9021</u>	k. Phone No.: _____		
e. Truck No.: <u>117</u>	l. Truck No.: _____		
f. Vehicle License No./State: <u>B324804</u>	m. Vehicle License No./State: _____		
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u>	<u>051396</u>	n. <u>[Signature]</u>	<u>[Signature]</u>
Driver Signature	Shipment Date	Driver Signature	Shipment Date

Section III

DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.: _____
Hiway 70 Sorrento, LA 70778 d. Mailing Address: _____
b. Physical Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Ronald Knox Ronald Knox 051396
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 77840
45,600
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-720B 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946108

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079
d. Address: _____

e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

L	A	6	2	0	9	7	0	4	2	9
---	---	---	---	---	---	---	---	---	---	---

 Containers: 28248
k. Quantity:

2	5
---	---

 Units: P No. 01 TYPE: T

j. Description of Waste: Spent Cat Absorbents

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Scott Allent
Environmental Specialist
Generator Authorized Agent Name

[Signature]
Signature

051000
Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI
P O Box 6066
b. Address: Sorrento, LA 70778
c. Driver Name/Title: [Signature]
PRINT/TYPE
d. Phone No.: 504 764 8611 e. Truck No.: 12
f. Vehicle License No./State: P 324902
Acknowledgement of Receipt of Materials.
g. [Signature] 051000
Driver Signature Shipment Date

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
PRINT/TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. _____ 051000
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
Highway 70
b. Physical Address: Sorrento, LA 70778
c. Phone No.: _____
d. Mailing Address: _____

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] [Signature] 051000
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____
Print/Type Operator's Signature Date
f. Name and Address of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946109

Section I GENERATOR (Generator completes all of Section I)	
a. Generator Name: TransAmerican Refining Corp	b. Generating Location: _____
c. Address: P O Box 537 Norco, LA 70079	d. Address: _____
e. Phone No.: 504 764 8511	f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: _____	h. Owner's Phone No.: _____
i. BFI WASTE CODE: L A 6 2 0 9 7 0 4 2 9	Containers: DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
j. Description of Waste: Spent Catalyst & sorbents	k. Quantity: 2 4 3 3 3 Units: P No. 01 TYPE T
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
V Scott Allen Environ. Specialist Generator Authorized Agent Name	Signature: <i>[Signature]</i> Shipment Date: 0 5 4 0 9 6

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)	
a. Name: B F I	h. Name: _____
b. Address: P O Box 605 Norco, LA 70079	i. Address: _____
c. Driver Name/Title: Luke Robert	j. Driver Name/Title: _____
d. Phone No.: 1-75-8021	k. Phone No.: _____
e. Truck No.: 127	l. Truck No.: _____
f. Vehicle License No./State: B3324804	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. <i>Luke Robert</i> Driver Signature	n. _____ Driver Signature
Shipment Date: 0 5 4 0 9 6	Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)	
a. Site Name: Colonial Landfill	c. Phone No.: _____
b. Physical Address: HWY 70 Sorrento, LA 70079	d. Mailing Address: _____
e. Discrepancy Indication Space: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
f. <i>[Signature]</i> Name of Authorized Agent	<i>[Signature]</i> Signature
Receipt Date: 0 5 4 0 9 6	

Section IV ASBESTOS (Generator complete a-d, f, g. Operator* completes e.)	
a. Operator's* Name: _____	b. Operator's* Phone No.: _____
c. Operator's* Address: _____	
d. Special Handling Instructions and additional information: _____	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's* Name & Title: _____	Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____	
g. <input type="checkbox"/> Friable; <input type="checkbox"/> Non-friable; <input type="checkbox"/> Both _____ % friable _____ % nonfriable	

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7209.592



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

000001

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946105

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Norco, LA 70079
e. Phone No.: 504 764 8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970429 Containers: 243295
j. Description of Waste: Spent Catalyst Absorbents k. Quantity: _____ Units: 2 No.: 01 TYPE: T

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Environ Specialist
Generator Authorized Agent Name Signature

51396
Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: BFI TRANSPORTER I
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Lube Rabe PRINT/TYPE
d. Phone No.: 1-75-8021 e. Truck No.: 127
f. Vehicle License No./State: B324804
Acknowledgement of Receipt of Materials.
g. Lube Rabe Shipment Date: 051396
Driver Signature

h. Name: _____ TRANSPORTER II
i. Address: _____
j. Driver Name/Title: _____ PRINT/TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. _____ Shipment Date: 82820
Driver Signature

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
HWY 70
b. Physical Address: Sorrento, LA 70778 d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. STEPHANIE SAUCER Stephanie Saucer 51396
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

B 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946103

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Norco, LA 70079
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970429
j. Description of Waste: Spent Catalyst Absorbents
k. Quantity: 2210 Units, No. 01, TYPE T

Containers: _____
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Environ. Spec. [Signature]
Generator Authorized Agent Name Signature

051496
Shipment Date

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI
b. Address: P O Box 605
Sorrento LA 70778
c. Driver Name/Title: Luke Robert
PRINT/TYPE
d. Phone No.: 675-8021 e. Truck No.: 137
f. Vehicle License No./State: B324804
Acknowledgement of Receipt of Materials.
g. Luke Robert 051496
Driver Signature Shipment Date

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
PRINT/TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. _____ 051496
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
Bay 70 Sorrento, LA 70778
b. Physical Address: _____
c. Phone No.: _____
d. Mailing Address: _____

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] [Signature] 051496
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____
b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____
Print/Type Operator's Signature Date
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946102

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: Same
c. Address: P O Box 537 d. Address: 029015
Norco, LA 70079

e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: LA 620 970429 k. Quantity: 43680 Units: 5 Containers: 2435

j. Description of Waste: Spent Catalyst Absorbents k. Quantity: 43680 Units: 5 Containers: 2435

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen Environ. Specialist

Generator Authorized Agent Name

Signature

Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI

b. Address: P O Box 605
Sorrento LA 70778

c. Driver Name/Title: Luke Robert

d. Phone No.: 675 8021 e. Truck No.: 132

f. Vehicle License No./State: B309007

Acknowledgement of Receipt of Materials.

g. Luke Robert Shipment Date: 05/15/96

Driver Signature

Shipment Date

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. _____ Shipment Date: _____

Driver Signature

Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill

b. Physical Address: Hiway 70 Sorrento, LA 70778

c. Phone No.: _____

d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Luke Robert Signature: Luke Robert

Name of Authorized Agent

Signature

Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____

Print/Type

Operator's Signature

Date

f. Name and Address of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

038932

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946099

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Norco, LA 70079
e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Spent Catalyst/Absorbents h. Owner's Phone No.: _____

i. BFI WASTE CODE: LA 620 970929 Containers: 24 2 9 5

j. Description of Waste: Spent Catalyst/Absorbents k. Quantity: 27 20 P 01 T TYPE: T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Y Scott Allen
Environmental Specialist
Generator Authorized Agent Name

Scott Allen
Signature

090996
Shipment Date

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70088
c. Driver Name/Title: Robert
d. Phone No.: 675 8021 e. Truck No.: 127
f. Vehicle License No./State: B324904
g. Julie Robert
Driver Signature

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. _____
Driver Signature

Section III

DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: HWY 70
Sorrento, LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Mo Wazir Mo Wazir 090996
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g. Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: ASBESTOS

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

000922

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946098

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
P O Box 537
c. Address: Norco, LA 70079 d. Address: _____

e. Phone No.: 504 764 8511

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

h. Owner's Phone No.: _____

i. BFI WASTE CODE

LA 620 970429

2 1 2 9 5

Containers

TYPE

DM - METAL DRUM

DP - PLASTIC DRUM

B - BAG

BA - 6 MIL. PLASTIC BAG

or WRAP

T - TRUCK

O - OTHER

j. Description of Waste:

Spent Catalyst Absorbents

k. Quantity

17 60

Units

No.

01

TYPE

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Scot Allen
Environmental Specialists
Generator Authorized Agent Name

Signature

450996

Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: Luke Robert
PRINT/TYPE
d. Phone No.: 175-5021 e. Truck No.: 127
f. Vehicle License No./State: B374806
Acknowledgement of Receipt of Materials.
g. Luke Robert 450996
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
PRINT/TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. _____
Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: HWY 70 Sorrento, LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Charmaine Sandolph Charmaine Sandolph 450996
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: 601/160
45611
c. Operator's* Address: 1716
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____
Print/Type Operator's Signature Date
f. Name and Address
of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

280-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 946097

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____

c. Address: P O Box 537
Norco, LA 70079 d. Address: _____

e. Phone No.: 504 764 8611 f. Phone No.: _____

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

1	4	6	2	0	9	7	0	7	2	9
---	---	---	---	---	---	---	---	---	---	---

 k. Quantity:

2	4	3	3	5
---	---	---	---	---

 Containers: _____

j. Description of Waste: Spent Catalyst Absorbents l. Units:

P	0	1	T
---	---	---	---

 No.

0	1	T
---	---	---

 TYPE:

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Environmental Spec. Y Scott Allen Signature: _____ Shipment Date:

0	7	2	9	6
---	---	---	---	---

Generator Authorized Agent Name: _____

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI h. Name: _____

b. Address: P O Box 605
Sorrento, LA 70778 i. Address: _____

c. Driver Name/Title: Luke Robert j. Driver Name/Title: _____

d. Phone No.: 675-8021 k. Phone No.: _____

e. Truck No.: 127 l. Truck No.: _____

f. Vehicle License No./State: B224806 m. Vehicle License No./State: _____

g. Luke Robert n. _____

Driver Signature: _____ Shipment Date:

0	7	2	9	6
---	---	---	---	---

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____

k. Phone No.: _____

l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

--	--	--	--	--	--	--	--	--	--

n. _____

Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill c. Phone No.: _____

b. Physical Address: HWY 70 Sorrento LA 70778 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

f. Original NO COPY 10/10/76

Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g. Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ f. Name and Address of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

GENERATOR'S SIGNATURE: _____

Operator's Signature: _____ Date:

--	--	--	--	--	--



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946096

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp

b. Generating Location: _____

c. Address: Norco, LA 70079

d. Address: _____

e. Phone No.: 504 764 8611

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____

h. Owner's Phone No.: _____

i. BFI WASTE CODE

LA 220 970 429

243295

Containers

TYPE

DM - METAL DRUM

DP - PLASTIC DRUM

B - BAG

BA - 6 MIL. PLASTIC BAG

or WRAP

T - TRUCK

O - OTHER

j. Description of Waste: Spent Catalyst Absorbents

k. Quantity

30140

Units

No.

01

TYPE

T

UNITS

P - POUNDS

Y - YARDS

M³ - CUBIC METERS

Y³ - CUBIC YARDS

O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen

Environmental Specialist

Generator Authorized Agent Name

Signature

Shipment Date

050996

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI

h. Name: _____

b. Address: P O Box 605 Sorrento, LA 70778

i. Address: _____

c. Driver Name/Title: Luke Robert

PRINT/TYPE

d. Phone No.: 675 8021

e. Truck No.: 127

f. Vehicle License No./State: B324506

j. Driver Name/Title: _____

PRINT/TYPE

k. Phone No.: _____

l. Truck No.: _____

g. Acknowledgement of Receipt of Materials.

Luke Robert

050596

Driver Signature

Shipment Date

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. _____

Driver Signature

Shipment Date

Section III

DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill

c. Phone No.: _____

b. Physical Address: Hwy 70 Sorrento LA 70778

d. Mailing Address: _____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Wright

Wright

050996

Name of Authorized Agent

Signature

Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____

b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____

Print/Type

Operator's Signature

Date

f. Name and Address

of Responsible Agency: _____

g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

78290

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

GENERATOR RETAIN



260-720B 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946095

Section I GENERATOR (Generator completes all of Section I)	
a. Generator Name: <u>TransAmerican Refining Corp</u>	b. Generating Location: _____
c. Address: <u>P O Box 537</u> <u>Norco, LA 70079</u>	d. Address: _____
e. Phone No.: <u>504 764 8611</u>	f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: _____	h. Owner's Phone No.: _____
i. BFI WASTE CODE: <u>LA 620 970429</u>	k. Quantity: <u>2</u> Units: <u>295</u>
j. Description of Waste: <u>Spent Catalyst/Absorbents</u>	Containers: <u>2</u> No. <u>01</u> TYPE <u>T</u>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
V Scott Allen Environmental Specialist Generator Authorized Agent Name	Signature: <u>[Signature]</u> Shipment Date: <u>050796</u>

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG
	OR WRAP
T	TRUCK
O	OTHER

UNITS	
P	POUNDS
Y	YARDS
M	CUBIC METERS
Y	CUBIC YARDS
O	OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)	
TRANSPORTER I	
a. Name: <u>BFI</u>	h. Name: _____
b. Address: <u>P O Box 605</u>	i. Address: _____
c. Driver Name/Title: <u>Edward Chen</u>	j. Driver Name/Title: _____
d. Phone No.: <u>675-8021</u>	k. Phone No.: _____
e. Truck No.: <u>122</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>D30902</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____
Shipment Date: <u>050796</u>	Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)	
a. Site Name: <u>Colonial Landfill</u>	c. Phone No.: _____
b. Physical Address: <u>Highway 70 Sorrento LA 70778</u>	d. Mailing Address: _____
e. Discrepancy Indication Space: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
f. Name of Authorized Agent: <u>[Signature]</u>	Signature: <u>[Signature]</u> Receipt Date: <u>050796</u>

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)	
a. Operator's* Name: _____	b. Operator's* Phone No.: <u>72180</u>
c. Operator's* Address: _____	<u>44480</u>
d. Special Handling Instructions and additional information: _____	<u>7700</u>
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's* Name & Title: _____	Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____	
g. <input type="checkbox"/> Friable; <input type="checkbox"/> Non-friable; <input type="checkbox"/> Both _____ % friable _____ % nonfriable	

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR
GENERATOR RETURN

TICKET NO. 06645



DATE 5-7-96

MATERIAL SPENT Catalyst Absorb
CARRIER B.F.I.
TRUCK AND TRAILER NO. 131-C189
DELIVER TO: Colonial Landfill

MANIFEST NO. 946094
BILL OF LADING 92333
DRIVER: ON ☐ OFF ☒

lb. GROSS 76000
lb. TARE 45800
lb. NET 30200

DATE _____ TIME _____
SHIPPER _____
DRIVER _____

WEIGHER _____
RECEIVED BY Long

White/SECURITY Yellow/ACCOUNTING Green/TRUCK-SUPPLIER Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946094

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: P O Box 537 d. Address: _____
Norco, LA 70079
e. Phone No.: 504-764-8611 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE 2A 620 970 429 13295 Containers
j. Description of Waste: Spent Catalyst/Absorbents k. Quantity 30200 Units No. TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V. Scott Allen
Environmental Specialists
Generator Authorized Agent Name Signature
050796 Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI h. Name: _____
b. Address: P O Box 605 i. Address: _____
Sorrento, LA 70778
c. Driver Name/Title: ERNEST GAINES j. Driver Name/Title: _____
PRINT/TITLE PRINT/TITLE
d. Phone No.: 675-8021 e. Truck No.: 131 k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: B325728 m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] 050796 Shipment Date n. Driver Signature _____ Shipment Date _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Colonial Landfill c. Phone No.: _____
b. Physical Address: HWY 70 d. Mailing Address _____
Sorrento, LA 70778
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 050796

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature _____ Date _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TICKET NO. 06629



DATE 5-3-96

MATERIAL

CARRIER

TRUCK AND TRAILER NO.

DELIVER TO:

SPENT
Catalyst Absorb
BFI
131-CH8
Colonial Landfill

MANIFEST NO.

BILL OF LADING

DRIVER: ON ☐ OFF ☒

946093

42392

lb. GROSS 76280

lb. TARE 45800

lb. NET 30480

DATE

TIME

SHIPPER

DRIVER

WEIGHER

RECEIVED BY

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

No. 946093

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp

b. Generating Location: P O Box 537

c. Address: Norco, LA 70079

e. Phone No.: 504 764 8611

If owner of the generating facility differs from the generator, provide:

g. Owner's Name:

h. Owner's Phone No.:

i. BFI WASTE CODE

2A 620 970 4-29

2432 54

Containers

j. Description of Waste: Spent catalyst/Absorbents

k. Quantity

Units

No.

TYPE

30480 P 01 T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

BETI Allen Env. Specialist

Generator Authorized Agent Name

Signature

Shipment Date

050396

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI

b. Address: P O Box 605

Sorrento, LA 70778

c. Driver Name/Title: ERNEST GAINES

d. Phone No.: 675-8021

e. Truck No.: 131

f. Vehicle License No./State: B325728

Acknowledgement of Receipt of Materials.

g. Ernest Gaines

050396

Shipment Date

h. Name:

i. Address:

j. Driver Name/Title:

PRINT/TYPE

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill

b. Physical Address: HWY 70 Sorrento, LA 70778

c. Phone No.:

d. Mailing Address:

e. Discrepancy Indication Spec:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name:

b. Operator's* Phone No.:

c. Operator's* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title:

Print/Type

Operator's Signature

Date

f. Name and Address
of Responsible Agency:g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

TICKET NO. 06631



DATE 5-5-96

MATERIAL Spent Catalyst Absorbent
CARRIER BFI
TRUCK AND TRAILER NO. 131-C169
DELIVER TO: Colonial Landfill

MANIFEST NO. 946092
BILL OF LADING 42391
DRIVER: ON ☐ OFF ☒

lb. GROSS 80500
lb. TARE 45800
lb. NET 34700

DATE _____ TIME _____

SHIPPER _____

DRIVER _____

WEIGHER _____

RECEIVED BY Louie

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

038748

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946092

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: P O Box 537
Batavia, LA 70079
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____
h. Owner's Phone No.: _____

1. BFI WASTE CODE

LA 620 970 42924 95

Containers

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Spent Catalyst/Absorbents

k. Quantity

34700

Units

No.

TYPE

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen

Environmental Specialist

Signature

050396

Shipment Date

Section II

TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

a. Name: GB F I
b. Address: P O Box 605
Sorrento, LA. 70778
c. Driver Name/Title: ERNEST GARNES
d. Phone No.: 675-8021
e. Truck No.: 131
f. Vehicle License No./State: B325728
g. Acknowledgement of Receipt of Materials.
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials.
o. Driver Signature: _____
p. Shipment Date: 050396

Section III

DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Colonial Landfill
b. Physical Address: Highway 70 Sorrento LA 70778
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Ronald Knox
Name of Authorized Agent

Ronald Knox
Signature

050396

Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____
b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
e. Operator's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Operator's Signature _____ Date _____

TICKET NO. 06636



DATE 5-8-96

MATERIAL

CARRIER

TRUCK AND TRAILER NO.

DELIVER TO:

SPENT
Catalyst Absorb
B.F.I.
131-C189
Colonial Landfill

MANIFEST NO.

BILL OF LADING

DRIVER: ON ☐ OFF ☒

946091
42394

lb. GROSS

lb. TARE

lb. NET

79560

45800

33760

DATE

TIME

SHIPPER

DRIVER

WEIGHER

RECEIVED BY

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

008760

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946091

GENERATOR (Generator completes all of Section I)

Generator Name: TransAmerican Refining
P O Box 537
Norco, LA 70079

b. Generating Location:

d. Address:

e. Phone No.: 504 764 8611

f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name:

h. Owner's Phone No.:

i. BFI WASTE CODE

LA 620 970429

243295

Containers

j. Description of Waste: Spent Catalyst Absorbents

k. Quantity

Units

No.

TYPE

33760

P

01

T

TYPE

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS

P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen
Environmental Specialist
Generator Authorized Agent Name

Signature

050396

Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I

a. Name: B F I

b. Address: P O Box 605

Sorrento, LA 70778

c. Driver Name/Title: ERNEST GAINES

d. Phone No.: 675-8021

PRINT/TYPE

e. Truck No.: 131

f. Vehicle License No./State: 3325728

Acknowledgement of Receipt of Materials.

g. Driver Signature

050396

Shipment Date

h. Name:

i. Address:

j. Driver Name/Title:

PRINT/TYPE

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Colonial Landfill
HWY 70 Sorrento, LA 70778

b. Physical Address:

c. Phone No.:

d. Mailing Address:

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Signature of Authorized Agent

Signature

050396

Receipt Date

Section IV

ASBESTOS (Generator complete a-d; f, g. Operator* completes e.)

a. Operator's* Name:

b. Operator's* Phone No.:

c. Operator's* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title:

Print/Type

Operator's Signature

Date

f. Name and Address

of Responsible Agency:

g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93

TICKET NO. 06638

TRANSAMERICAN
Refining Corporation

DATE 5-6-96

MATERIAL Spent Catalyst
CARRIER B.F.I.
TRUCK AND TRAILER NO. 131-C148
DELIVER TO: Colonial LandfillMANIFEST NO. 946090
BILL OF LADING 42330
DRIVER: ON ☐ OFF ☒lb. GROSS 69520
lb. TARE 45800
lb. NET 23720

DATE _____ TIME _____

SHIPPER _____

WEIGHER _____

DRIVER _____

RECEIVED BY Joy Green

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

0-8798

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946090

Section I GENERATOR (Generator completes all of Section I)	
a. Generator Name: <u>TransAmerican Refining Corp</u>	b. Generating Location: _____
c. Address: <u>P O Box 537</u> <u>Norco La 70079</u>	d. Address: _____
e. Phone No.: <u>504 764 8611</u>	f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: _____	h. Owner's Phone No.: _____
i. BFI WASTE CODE: <u>2A</u> <u>620</u> <u>970</u> <u>429</u>	Containers: <u>2</u> <u>4</u> <u>3</u> <u>2</u> <u>0</u>
j. Description of Waste: <u>Spent Catalyst/Absorbents</u>	k. Quantity: <u>23720</u> Units: <u>P</u> No.: <u>01</u> TYPE: <u>T</u>
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
V. Scott Allen Environmental Specialist Generator Authorized Agent Name _____ Signature <u>[Signature]</u>	
Shipment Date: <u>050696</u>	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M	- CUBIC METERS
Y	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)	
TRANSPORTER I	
a. Name: <u>B F I</u>	h. Name: _____
b. Address: <u>P O Box 605</u> <u>Sorrento, LA 70078</u>	i. Address: _____
c. Driver Name/Title: <u>ERNEST GAINES</u>	j. Driver Name/Title: _____
d. Phone No.: <u>675-8021</u>	k. Phone No.: _____
e. Truck No.: <u>131</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>B325728</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
Signature: <u>[Signature]</u>	Shipment Date: <u>050696</u>
TRANSPORTER II	
n. Driver Signature: _____	Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)	
a. Site Name: <u>Colonial Landfill</u>	c. Phone No.: _____
b. Physical Address: <u>HWY 70 Sorrento, LA 70778</u>	d. Mailing Address: _____
e. Discrepancy Indication Space: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
f. Name of Authorized Agent: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Receipt Date: <u>050696</u>	

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)	
a. Operator's* Name: _____	b. Operator's* Phone No.: _____
c. Operator's* Address: _____	
d. Special Handling Instructions and additional information: _____	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's* Name & Title: _____	Operator's Signature: _____
f. Name and Address of Responsible Agency: _____	Date: _____
g. <input type="checkbox"/> Friable; <input type="checkbox"/> Non-friable; <input type="checkbox"/> Both _____ % friable _____ % nonfriable	

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93

TICKET NO. 05452

TRANSAMERICAN
Refining Corporation

DATE 5-1-96

MATERIAL Spent Catalyst Absorb
CARRIER BFI
TRUCK AND TRAILER NO. 131-2148
DELIVER TO: Colonial LandfillMANIFEST NO. 946086
BILL OF LADING
DRIVER: ON ☐ OFF ☒lb. GROSS 75980
lb. TARE 45800
lb. NET 30180DATE 5-1-96 TIME

SHIPPER

DRIVER

WEIGHER Joe M. SmithRECEIVED BY Joe M. Smith

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 946086

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
P O Box 537 / 14902 River Road
c. Address: Norco, La 70079

b. Generating Location:

d. Address: Samee. Phone No.: 504 764 8611

f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name:

h. Owner's Phone No.:

i. BFI WASTE CODE

LA 620 970 429243295

Containers

j. Description of Waste:

Spent Catalyst / Absorbents

k. Quantity

30180

Units

P

No.

01

TYPE

T

TYPE

DM - METAL DRUM

DP - PLASTIC DRUM

B - BAG

BA - 6 MIL. PLASTIC BAG

or WRAP

T - TRUCK

O - OTHER

UNITS

P - POUNDS

Y - YARDS

M³ - CUBIC METERSY³ - CUBIC YARDS

O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V. Scott Allen
Environmental Specialists
Generator Authorized Agent Name

Signature

050196

Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: Box 605 Sorrento, LA. 70778c. Driver Name/Title: ERNEST GAINES

PRINT/TYPE

d. Phone No.: 775-8021e. Truck No.: 131f. Vehicle License No./State: B325728

Acknowledgement of Receipt of Materials.

g. Driver Signature: Ernest Gaines050196

Shipment Date

h. Name:

i. Address:

j. Driver Name/Title:

PRINT/TYPE

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature:

Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
HWY 70b. Physical Address: Sorrento, LA 70778

c. Phone No.:

d. Mailing Address:

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name:

b. Operator's* Phone No.:

c. Operator's* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title:

Print/Type

Operator's Signature

Date

f. Name and Address
of Responsible Agency:g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93

TICKET NO. 05456



DATE 5-1-96

MATERIAL SPENT CATALYST ABSORB
CARRIER BFI
TRUCK AND TRAILER NO. 131-C142
DELIVER TO: Colonial Landfill

MANIFEST NO. 946085
BILL OF LADING 42386
DRIVER: ON ☐ OFF ☒

lb. GROSS 74600
lb. TARE 45800
lb. NET 28800

DATE _____ TIME _____
SHIPPER _____
DRIVER _____

WEIGHER _____
RECEIVED BY Jmy

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

038051

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946085

Section I**GENERATOR** (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
b. Generating Location: _____
c. Address: 14902 River Road
New Sarpy, LA 70078
d. Address: _____
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE: 2A 949 970 429 24329
j. Description of Waste: Spent Catalyst/ Absorbents
k. Quantity: 28800 Units: P No.: 01 TYPE: T
Containers: _____
TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER
UNITS: P - POUNDS, Y - YARDS, M³ - CUBIC METERS, Y³ - CUBIC YARDS, O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V Scott Allen
Environmental Specialist
Generator Authorized Agent Name
Signature
050196
Shipment Date

Section II**TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70078
c. Driver Name/Title: ERNEST GAINES
d. Phone No.: 1758021 e. Truck No.: 131
f. Vehicle License No./State: B325728
Acknowledgement of Receipt of Materials.
g. Driver Signature: _____ Shipment Date: 050196
TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature: _____ Shipment Date: _____

Section III**DESTINATION** (Generator completes a-d; destination site completes e-f.)

a. Site Name: Colonial Landfill
Hiway 70 Sorrento, LA 70778
b. Physical Address: _____
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Ronald Knox
Name of Authorized Agent
Signature
050196
Receipt Date

Section IV**ASBESTOS** (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____
b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93

TICKET NO. 05453

 **TRANSAMERICAN**
Refining Corporation

DATE 5-2-96

MATERIAL CATALYST / SPENT
CARRIER BFI
TRUCK AND TRAILER NO. 131 - C119
DELIVER TO: Colonial LandfillMANIFEST NO. 946083
BILL OF LADING 42390
DRIVER: ON ☐ OFF ☒lb. GROSS 77580
lb. TARE 45800
lb. NET 31780

DATE _____ TIME _____

SHIPPER _____

DRIVER _____

WEIGHER _____

RECEIVED BY Tommy

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946083

Section I**GENERATOR** (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp
14902 River Road
c. Address: New Sarpy La 70078
P O Box 537
e. Phone No.: 504 764 8611
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970429
j. Description of Waste: Spent Catalyst / Absorbents
k. Quantity: 31780 Units: P No.: 01 TYPE: T
Containers: DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
V Scott Allen Environmental
Generator Authorized Agent Signature [Signature] Shipment Date 050296

Section II**TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: BFI
b. Address: P O Box 605
Sorrento, LA 70778
c. Driver Name/Title: ERNEST GARNES
d. Phone No.: 675-8001 e. Truck No.: 131
f. Vehicle License No./State: 3325728
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] Shipment Date 050296
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date _____

Section III**DESTINATION** (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial Landfill
b. Physical Address: Hwy 70
Sorrento, LA 70778
c. Phone No.: _____
d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 050296

Section IV**ASBESTOS** (Generator complete a-d, f, g, Operator* completes e, h)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title: _____ Operator's Signature _____ Date _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

 260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946082

Section I GENERATOR (Generator completes all of Section I)	
a. Generator Name: TransAmerican Refining Corp	b. Generating Location: _____
c. Address: #4902 River Road New Sarpy, LA 70078	d. Address: _____
e. Phone No.: 504 764 8611	f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: _____	h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 949429	Containers: 2 4 3 9 5
j. Description of Waste: Spent Catalyst Absorbents	k. Quantity: 5 Units: P No.: 01 TYPE: T
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
V. Scott Allen Environmental Specialist Generator Authorized Agent Name	
Signature: <i>[Signature]</i> Shipment Date: 050296	

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)	
TRANSPORTER I	
a. Name: BFI	h. Name: _____
b. Address: P O Box 605 Sorrento, LA 70778	i. Address: _____
c. Driver Name/Title: Edward J. Chavet	j. Driver Name/Title: _____
d. Phone No.: 678-5021	k. Phone No.: _____
e. Truck No.: 131	l. Truck No.: _____
f. Vehicle License No./State: R325729	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. Driver Signature: <i>[Signature]</i>	n. Driver Signature: _____
Shipment Date: 050296	Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)	
a. Site Name: Colonial Landfill	c. Phone No.: _____
b. Physical Address: Hwy 70 Sorrento, LA 70778	d. Mailing Address: _____
e. Discrepancy Indication Space: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
f. Name of Authorized Agent: Ronald Knox	Receipt Date: 050296
Signature: <i>[Signature]</i>	

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)	
a. Operator's* Name: _____	b. Operator's* Phone No.: 77900 46540 31360
c. Operator's* Address: _____	
d. Special Handling Instructions and additional information: _____	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's* Name & Title: _____	Operator's Signature: _____
f. Name and Address of Responsible Agency: _____	Date: _____
g. <input type="checkbox"/> Friable; <input type="checkbox"/> Non-friable; <input type="checkbox"/> Both _____ % friable _____ % nonfriable	

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR



260-7208 5/93



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

05/1/88

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946081

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: TransAmerican Refining Corp b. Generating Location: _____
c. Address: 147902 River Road
New Sarpy, LA 70078 d. Address: _____
e. Phone No.: 504 764 8611 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE: LA 620 970429 Containers: 243295
j. Description of Waste: Spent Catalyst/Absorbents k. Quantity: _____ Units: P No.: 01 TYPE: T

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

V Scott Allen
Environmental Specialist
Generator Authorized Agent Name Signature

050296
Shipment Date

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: BFI
b. Address: Box 605
Sorrento, LA 70778
c. Driver Name/Title: Ed. Deloach
d. Phone No.: 504 764 8611 e. Truck No.: 131
f. Vehicle License No./State: B 32522
g. Driver Signature: [Signature] Shipment Date: 050296

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature: _____ Shipment Date: 74520

Section III

DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Colonial LandFill c. Phone No.: _____
b. Physical Address: Hiway 70 Sorrento, LA 70778 d. Mailing Address: _____
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

STEPHONIE SANCHEZ [Signature] 050296
Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR



260-7208 5/93

TICKET NO. 06644

TRANSAMERICA
Refining Corporation

DATE 5-2-76

CARRIER BFI
TRUCK AND TRAILER NO. 131-C169
DELIVER-TO: Colonial LandfillMANIFEST NO. 946080
BILL OF LADING 12332
DRIVER: ON ☐ OFF ☒

0-03-85 11:44PM 79380

lb. GROSS 7380
lb. TARE 5800
lb. NET 3580

DATE TIME

SHIPPER
DRIVERWEIGHER
RECEIVED BY [Signature]

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

0388-2

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946080

Section I GENERATOR (Generator completes all of Section I)	
a. Generator Name: <u>TransAmerican Refining Corp</u>	b. Generating Location: <u>14902 River Road New Sarpy LA 70078</u>
c. Address: <u>P O Box 537 Norco, LA 70079</u>	d. Address: <u>14902 River Road New Sarpy LA 70078</u>
e. Phone No.: <u>504 764 8611</u>	f. Phone No.: <u></u>
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: <u></u>	h. Owner's Phone No.: <u></u>
i. BFI WASTE CODE <u>LA 020 970429</u>	k. Quantity <u>33580</u> Units <u>P</u> No. <u>01</u> TYPE <u>T</u>
Description of Waste: <u>Spent Catalyst/Absorbents</u>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
V. Scott Allen Environ. Specialist <u>[Signature]</u> <u>050796</u> Shipment Date	
Generator Authorized Agent Name <u></u> Signature <u></u> Shipment Date <u></u>	

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)	
TRANSPORTER I	
a. Name: <u>BFI</u>	b. Address: <u>Sorrento, LA 70778</u>
c. Driver Name/Title: <u>ERNEST GAINES</u>	d. Phone No.: <u>675-8021</u>
e. Truck No.: <u>131</u>	f. Vehicle License No./State: <u>B325728</u>
Acknowledgement of Receipt of Materials: <u>[Signature]</u> <u>050796</u> Shipment Date	
TRANSPORTER II	
h. Name: <u></u>	i. Address: <u></u>
j. Driver Name/Title: <u></u>	k. Phone No.: <u></u>
l. Truck No.: <u></u>	m. Vehicle License No./State: <u></u>
Acknowledgement of Receipt of Materials: <u></u> <u></u> Shipment Date	

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)	
a. Site Name: <u>Colonial Landfill</u>	b. Physical Address: <u>Highway 70 Sorrento, LA 70778</u>
c. Phone No.: <u></u>	d. Mailing Address: <u></u>
Discrepancy Indication Space: <u></u>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
<u>[Signature]</u> Authorized Agent	<u>[Signature]</u> Receipt Date <u>050796</u>

Section IV ASBESTOS (Generator complete a-d, f, g; Operator completes e.)	
a. Operator's Name: <u></u>	b. Operator's Phone No.: <u></u>
c. Operator's Address: <u></u>	d. Special Handling Instructions and additional information: <u></u>
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: <u></u>	f. Operator's Signature: <u></u> Date: <u></u>
Name and Address of Responsible Agency: <u></u>	
Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.	

TICKET NO. 06639

TRANSAMERICAN
Refining Corporation

DATE 5-6-96

MATERIAL Sprent Catalyst Absorbents
CARRIER B. E.
TRUCK AND TRAILER NO. 131 C189
DELIVER TO: Colonial LandfillMANIFEST NO. 946 079
BILL OF LADING 42331
DRIVER: ON ☐ OFF ☒

DATE 0-03-85 TIME 2:34AM 79240

lb. GROSS 79240
lb. TARE 45800
lb. NET 33440

DATE TIME

SHIPPER _____

WEIGHER _____

DRIVER _____

RECEIVED BY Jerry

White/SECURITY

Yellow/ACCOUNTING

Green/TRUCK-SUPPLIER

Pink/SECURITY



NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946079

Section I GENERATOR (Generator completes all of Section I)	
a. Generator Name: <u>TransAmerican Refining Corp</u>	b. Generating Location: <u>Same</u>
c. Address: <u>P O Box 537</u> <u>Horco, LA 70079</u>	d. Address: <u>0-8-81</u>
e. Phone No.: <u>504 764 8611</u>	f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: _____	h. Owner's Phone No.: _____
i. BFI WASTE CODE: <u>LA 470 9 70429</u>	k. Quantity: <u>243295</u>
j. Description of Waste: <u>Sprent Catalyst/Absorbents</u>	l. Units: <u>01</u>
m. TYPE: <u>DM - METAL DRUM</u> <u>DP - PLASTIC DRUM</u> <u>B - BAG</u> <u>BA - 6 MIL. PLASTIC BAG or WRAP</u> <u>T - TRUCK</u> <u>O - OTHER</u>	
n. UNITS: <u>P - POUNDS</u> <u>Y - YARDS</u> <u>M - CUBIC METERS</u> <u>Y - CUBIC YARDS</u> <u>O - OTHER</u>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Scott Allen, Environmental Specialist	
Generator Authorized Agent Name	Signature
Shipment Date: <u>050696</u>	

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)	
TRANSPORTER I	
a. Name: <u>BFI</u>	b. Address: <u>P O Box 605</u> <u>Sorrento, LA 70878</u>
c. Driver Name/Title: <u>ERNEST GAINES</u>	d. Phone No.: <u>675-8021</u>
e. Truck No.: <u>131</u>	f. Vehicle License No./State: <u>3325728</u>
Acknowledgement of Receipt of Materials.	
Driver Signature: <u>Ernest Gaines</u>	Shipment Date: <u>050696</u>
TRANSPORTER II	
h. Name: _____	i. Address: _____
j. Driver Name/Title: _____	k. Phone No.: _____
l. Truck No.: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
n. Driver Signature: _____	Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)	
a. Site Name: <u>Colonial Landfill</u>	b. Physical Address: <u>Hiway 70 Sorrento, LA 70778</u>
c. Phone No.: _____	d. Mailing Address: _____
e. Discrepancy Indication Space: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
f. Name of Authorized Agent: <u>0106 Wright</u>	Signature: <u>0106 Wright</u>
Receipt Date: <u>050696</u>	

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)	
a. Operator's Name: _____	b. Operator's Phone No.: _____
c. Operator's Address: _____	d. Special Handling Instructions and additional information: _____
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: _____	Operator's Signature: _____
f. Name and Address of Responsible Agency: _____	Date: _____
g. <input type="checkbox"/> Friable; <input type="checkbox"/> Non-friable; <input type="checkbox"/> Both _____ % friable _____ % nonfriable	

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR

260-7208 5/93